SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sched for each category o Detailed Summary F	ule(s) (c f the	OR LINE NUMBER: PAGE 253 OF 295  check only one)    X   17	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  Zeldin For Congress	o and address of any pointed		to solicit contributions from each committee.	
Full Name (Last, First, Middle Initial)  A. Robert Fiore			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 320 East 23rd Street 17E				
City St New York N' Purpose of Disbursement HQ Volunteer Coordinator	ate Zip Code Y 10010	001	Amount of Each Disbursement this Period 2000.00  Transaction ID : SB17.10570	
Senate President State: NY District: 01	ent For: 2014 Primary X General Other (specify)	Category/ Type		
Full Name (Last, First, Middle Initial)  Robert Fiore  Mailing Address 320 East 23rd Street 17E			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	ate Zip Code		Amount of Each Disbursement this Period	
New York  Purpose of Disbursement Reimbursement for office expenses  Candidate Name Zeldin For Congress  NY 10010  Out Category/ Type		154.42 Transaction ID : SB17.11875		
Office Sought: House Disbursement Senate F	ent For: 2014 Primary X General Other (specify)	71.		
Full Name (Last, First, Middle Initial)  Fire News			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y 2014	
Mailing Address 146 South Country Rd				
City State Zip Code Bellport NY 11713  Purpose of Disbursement Newspaper Ad On4		004	Amount of Each Disbursement this Period 450.00  Transaction ID : SB17.10157	
Candidate Name Zeldin For Congress Cat		Category/ Type		
Senate F	ent For: 2014 Primary			
SUBTOTAL of Disbursements This Page (optional)			2604.42	

TOTAL This Period (last page this line number only).....